



**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE
ELECTRONIC FILING REGISTRATION FORM**

***FOR ATTORNEYS IN MULTI-DISTRICT LITIGATION (MDL) CASES
WHO ARE NOT ADMITTED TO THE BAR OF THIS COURT***

Instructions: An attorney of record in a case transferred to Delaware (that is part of a Multi-District Litigation (MDL) action), who is NOT a member of the bar of this Court, may register for ECF on a case-by-case basis. Please submit an original signed registration form to the Clerk's Office to request an ECF account. Once issued, a user ID and password will be valid for electronic filing and noticing in this MDL and below noted Dist. of DE case(s) only:

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MDL CAPTION: _____ DIST. OF DE
IN RE: _____ MDL CA # _____

PARTY(IES)
RESPRESENTED: _____

DELAWARE CASE(S) CA # _____

Internet E-Mail Address: _____ (Print clearly)

Last Name: _____ Generation: (e.g., Jr., Sr.) _____

First Name: _____ Middle Initial: _____

Firm's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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By submitting this form, I hereby agree to abide by all District of Delaware rules, orders, policies and procedures governing the use of ECF. I have independently reviewed both the ECF User's Manual and Civil Tutorial on the Court's web site. I consent to receive service of documents and notice of filings by electronic means via ECF in the circumstances permitted under those guidelines. I understand that the combination of user ID and password will serve as the signature of the attorney filing the document. I agree to protect the security of my password and immediately notify the Clerk of Court if I suspect that my password has been compromised. Also, as a participating attorney, I will promptly notify the Clerk's Office if there is a change in my personal data, such as name, e-mail address, firm address, phone number, etc. I further understand that my user ID and password are valid for this MDL action only.

Signature

Date

Submit completed registration form to:

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ATTN: ECF Registration
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(ECF MDL Atty. Reg. Form - Rev. 2/06)

DATE REGISTRATION FORM RECEIVED: _____

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